

California Strategic Plan on Suicide Prevention

Recommendations of the Suicide Prevention Plan Advisory Committee to the California Department of Mental Health

November 8, 2007

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Part 1: A Societal Crisis

The Problem and Challenge

Suicide and Suicide Attempts in California

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Magnitude of the problem

Suicide and self-inflicted injury in the general population

Suicide incidence for underserved and high risk sub groups

Impact on Individuals and Communities

Working Definition and Scope of Suicide Prevention

Cultural and Linguistic Competence

Race, Ethnicity, and Language

Disabilities

Sexual Orientation

Rural Settings

Homelessness and Poverty

Age and Gender

Purpose and Use of the Document

Part 2: Every Californian is Part of the Solution

Strategic Directions and Recommended Actions

This section outlines the priority focus areas and recommended actions for suicide prevention in California. These priorities and actions are not intended to be an exhaustive list; assuredly there are many other actions that might be effective suicide prevention strategies or approaches toward reducing suicide attempts and behaviors. However, this plan reflects the priorities that emerged as the current most urgent areas and needed actions for investment of resources to reduce suicidal behaviors and its tragic consequences on individuals, families, and communities in California.

The priorities and recommended actions in this plan are organized by two levels of focus for suicide prevention. *Strategic directions* describe the broad level of focus and serve as the central aim to be addressed by more specific actions. A description of core concerns and factors for the strategic direction is provided to expand upon the intention of the strategic direction.

Each strategic direction identifies several *recommended actions*. The recommended actions are priority activities that relate directly to fulfilling the imperative set forth by the strategic direction. Some of the recommended actions have sub-points that are intended to outline essential elements of the activity and provide further guidance.

To ensure that cultural competency extends into every aspect of suicide prevention throughout California, this plan also includes recommendations that address issues pertinent to race, ethnicity, language, culture, gender, sexual orientation, and age factors or considerations.

Strategic Direction 1: Raise awareness that suicide is preventable and create a supportive environment for suicide prevention.

Recommended Action 1.1: Launch and sustain multi-media social marketing campaigns on warning signs, suicide risk and protective factors and how to get help.

- 1.1.1 Design and test messages that inspire hope that suicide is preventable.
- 1.1.2 Raise awareness of vulnerable populations (acute risk or higher chronic risk).
- 1.1.3 Forge and evaluate promising new and creative approaches where needed.
- 1.1.6 Promote California events in recognition of National Suicide Prevention and Awareness Week and National Depression Screening Day, offering universal access to voluntary screening through providers in substance abuse treatment, mental health, and primary health care.

Recommended Action 1.2: Coordinate the suicide prevention campaign with a multi-faceted campaign to reduce stigma and discrimination toward individuals and family members related to mental illness, co-occurring disorders and accessing mental health services.

- 1.2.1 Address social attitudes and acceptance of differences based on race, ethnicity, sexual orientation, disabilities, and income status that have traditionally been the source of stigma and disparities in care.
- 1.2.2 Promote the importance and role of natural support systems, and culturally specific ways of healing.
- 1.2.3 Engage employers and leaders, students and staff of key systems such as schools, colleges, universities, law enforcement, and primary health care to assess and improve their organization's policies and practices that influence stigma.
- 1.2.4 Use effective consumer empowerment and personal contact strategies, and peer to peer models.

Recommended Action 1.3: Educate and engage the news media and entertainment industry, including ethnic media, to promote balanced and informed portrayals of suicide, mental illness, and mental health care services that support suicide prevention efforts.

- 1.3.1 Use and expand on existing media guidelines including safety in suicide reporting and prevention messaging.
- 1.3.2 Create opportunities to promote greater understanding of the risks (differentiating acute and chronic risk) and protective factors and how to get help.

Strategic Direction 2: Increase collaboration among public agencies, private organizations and communities to coordinate and improve suicide prevention activities and services.

Recommended Action 2.1: Establish a State Suicide Prevention Office/Resource Center.

- 2.1.1 Engage state agencies including Department of Public Health, Department of Alcohol and Drug Programs, Department of Social Services, Department of Education, Department of Aging, California National Guard; and Department of Corrections and Rehabilitation to dedicate staff and resources for this center to collectively address suicide prevention activities and policies.
- 2.1.2 Centralize coordination of strategic suicide prevention, intervention, postvention and research activities throughout the state.
- 2.1.3 Integrate and disseminate information for community planning.
- 2.1.4 Identify or develop and disseminate models, tools, and other resources for effective suicide prevention activities such as: culturally and linguistically appropriate education and training programs, help lines, crisis centers, intervention programs and peer support programs. Include best practices and models for youth; rural, suburban, and urban communities; families, schools, advocacy organizations and professionals. Use internet technology to facilitate sharing including development of a website where this information can be found.
- 2.1.5 Track trends and suicide rate reduction over time based on vital statistics and other sources of information that document manner of death by age, race, ethnicity, and city of residence. Report this data through a website.
- 2.1.6 Serve as a clearinghouse of research findings on suicide attempts, treatment and treatment outcomes.
- 2.1.7 Convene culture-specific suicide prevention work groups, including survivors, to provide guidance on the unique risk factors and associated prevention, education, intervention and post-vention service needs of historically underserved populations [e.g., African American, Asian and Pacific Islander, Latino, Native American, Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ)].
- 2.1.8 Coordinate a periodic review and update of this plan by a committee of individuals with expertise and direct experience with suicide and suicide prevention.

Examples of state-level functions or activities that are needed in California to better coordinate state-level suicide prevention activities include:

- a. Identify or develop model curricula for various levels of training using evidence-based practices, promising practices and community-based evidence.

- b. Support learning communities with various consortia (e.g., college counseling centers, mobile crisis response, help lines, crisis centers, and senior centers).
- c. Furnish links to other resource centers such as California Department of Education's Healthy Kids Resource Center, Department of Social Services' Office of Child Abuse Prevention, Alcohol and Drug Programs, Aging, Veterans Affairs, and resource centers for persons with disabilities.
- d. Operate as a liaison to the National Suicide Prevention Resource Center and expand its data collection and activities to meet California specific needs.
- e. Seek federal funds to implement and conduct research on innovative programs for California's diverse populations.
- f. Provide links to and distribute information about grants for suicide prevention activities.
- g. Conduct leadership training conferences to disseminate information and strengthen suicide prevention efforts to build capacity and develop emerging leaders.

Recommended Action 2.2: In each county, appoint an agency responsible to act as the liaison with the Statewide Suicide Prevention Office and Resource Center and convene an appropriate existing or new interagency council including public agencies and private corporations and organizations to collectively address local suicide prevention priorities and access issues.

- 2.2.1 Develop a local suicide prevention action plan through planning forums that include representatives from public agencies (Mental Health Department, Public Health Department, Native American Health Services, Alcohol and Drug Programs, Department of Social Services including Child Protective Services, Local Education Agencies, Special Education Local Planning Agency's, Local Area Agency on Aging, Law Enforcement agencies, Juvenile Justice and Corrections, Veterans Affairs,); community based organizations (veteran organizations; local community based crisis centers and suicide prevention programs, family resource centers, Department of Rehabilitation Regional Centers); advocacy and grassroots organizations (individuals, family members and caregivers who are survivors of suicide loss; individuals who have attempted suicide); community leaders and organizations representing diverse population groups (ethnic organizations, youth development and leadership groups, faith organizations, GLBTQ); and businesses, corporations and employers from key sectors.
- 2.2.2 Engage high risk communities and representatives of historically underserved racial/ethnic groups to develop a needs/resources assessment, such as individuals who are homeless, veterans, those who have disabilities, older adults, GLBTQ, youth involved in the Juvenile Justice system, those who are unemployed, live in rural areas or are otherwise isolated and people who identify with more than one high risk group.
- 2.2.3 Coordinate state, federal and locally-funded programs and services in the county or region to create a system.

- 2.2.4 Establish clear protocols for communication, data sharing, linkages, care management, accessing services, and follow through when at risk or suicidal clients, especially those who have made suicide attempts, transfer to or utilize services from various public and private providers.
- 2.2.5 Identify target populations severely impacted by suicidal risk or with limited access to health, mental health, or other suicide prevention services and focus resources to that population.
- 2.2.6 Create and monitor an effective crisis response system, incorporating and coordinating suicide prevention help lines, hospital emergency departments, and mobile outreach teams.
- 2.2.7 Expand intervention and treatment capacity in crisis services (including peer support, warmlines, and crisis residential services). Develop strategies that destigmatize individuals in crisis; implement crisis intervention training for first responders; and expand services that empower consumers in recovery.
- 2.2.8 Identify service gaps and barriers to routine and urgent intervention and support services (e.g., accessibility of services including physical and language barriers, 24/7 access for crisis situations, engagement of underserved communities or populations, and service fragmentation or gaps for youth, older adults and those with co-occurring disorders).
- 2.2.9 Support action planning and implementation within smaller “communities” such as schools, Native American Rancherias and tribal lands, cities, towns, rural areas, jails and prisons.
- 2.2.10 Use local discretionary funds to provide incentives to expand suicide prevention efforts.
- 2.2.11 Examine insurance limitations for individuals with a history of mental health problems and promote coverage that reduces stigma and discrimination (e.g., address health insurance discrimination based on mental health history and death benefits paid to survivors with a pre-existing clinical diagnosis).
- 2.2.12 Coordinate a periodic review of the county’s progress and update the action plan.

Recommended Action 2.3: Create a statewide consortium of all accredited 24-hour suicide prevention help lines and websites in California to provide the highest quality services.

- 2.3.1 Provide training and technical assistance to all help lines to achieve consistent and effective practices and to assist all 24-hour help-lines to become accredited.
- 2.3.2 Create standards for web search engines to list accredited 24-hour help lines and websites prominently.
- 2.3.3 Identify and address gaps in providing help line services with multiple language capacities.
- 2.3.4 Use standard measures to collect information for a better understanding of who is using these services in California.
- 2.3.5 Provide public suicide prevention funding only to accredited help-lines that are members of the National Suicide Prevention Lifeline.

Recommended Action 2.4: Identify and implement needed improvements in confidentiality laws and practices for safety, health, wellness, and recovery purposes.

- 2.4.1 Address special confidentiality issues or challenges with respect to minors and young adults (transition age youth).
- 2.4.2 Implement solutions that address both safety and privacy in consideration of social stigma related to mental illness, alcohol and drug problems, and use of suicide prevention services.
- 2.4.3 Improve understanding of state law and standards regulating information sharing among mental health and health providers, law enforcement, schools, colleges and universities.

Recommended Action 2.5: Identify and initiate actions to reduce access to lethal means.

- 2.5.1 Establish policies and practices that address access to lethal means, starting with firearms, over the counter and prescription medications, and selected structures where a disproportionately high number of suicides have taken place.

Strategic Direction 3: Develop and implement service guidelines and provide training for consistent and effective prevention, early identification, referral, access, intervention, and follow up care.

Recommended Action 3.1: Develop, disseminate and promote service and training guidelines for culturally competent prevention, early intervention, treatment and follow up care.

- 3.1.1 Engage first responders, public and private organizations, businesses, individuals who have survived a suicide attempt, family members, caregivers, co-workers, classmates, and friends in the development of guidelines and training standards.
- 3.1.2 Develop guidelines for follow up care establishing specific actions to be taken when a person who has made a suicide attempt or was treated for self inflicted injuries is being discharged from an emergency room, urgent care center, hospital, or at the close of a visit with a physician/health care staff.
- 3.1.3 Develop standards for elementary, secondary and post-secondary education to address suicide prevention and response to suicide risk in institutional safety plans. Include standards for immediate response and in-service training, using sources such as *Youth Suicide Prevention Guidelines for Schools*, 2005, California Department of Education.
- 3.1.4 Implement quality care and utilization management guidelines in health insurance plans for approval of services and effective response to suicide risk or suicidal behavior.
- 3.1.5 Establish practice guidelines for staff responding to suicide risk for persons in residential care, healthcare facilities, and locked facilities including state hospitals and developmental centers.
- 3.1.6 Develop practice standards for law enforcement and first responders to guide intervention when suicide or suicide attempts are the reason for their response. Include crisis intervention training.
- 3.1.7 Provide statewide guidelines for identification of suicide risk and early intervention practices for people with alcohol and drug abuse issues, co-occurring disorders, childhood physical and sexual abuse experiences for the following professions likely to encounter these individuals:
 - licensed health and mental health professionals;
 - professionals and caregivers in other human services occupations;
 - law enforcement, lawyers, and correctional staff.
- 3.1.8 Adopt state guidelines for suicide prevention training curricula.
 - Include content on culturally and linguistically competent programs and interventions that address the needs of historically underserved racial and ethnic populations and LGBTQ.
 - Include the perspective of individuals who have attempted suicide and family members, friends or caregivers of those who have attempted suicide to heighten sensitivity and assist with developing de-escalation strategies.
- 3.1.9 Provide incentives to gatekeeper organizations that employ people who are trained in crisis/suicide prevention and intervention.

Recommended Action 3.2: Require training for selected occupations to increase understanding of protective and risk factors; improve suicide risk assessment, treatment, planning and management of aftercare interventions; and to reduce stigma and discrimination.

- 3.2.1 Provide training on culturally and linguistically competent programs and interventions that address the needs of historically underserved racial and ethnic populations and LGBTQ.
- 3.2.2 Include the perspective of individuals who have attempted suicide and family members, friends or caregivers of those who have attempted suicide to heighten sensitivity and assist with developing de-escalation strategies.
- 3.2.3 Require training for a minimum number of hours of risk assessment and intervention through existing infrastructures such as credentialing, licensing, and continuing education programs for professionals and care facilities including group homes, day treatment centers, adult day health centers and hospitals.
- 3.2.4 Require crisis and suicide prevention training for licensed health professionals, first responders, and other gatekeepers that have initial credentialing or licensing requirements. Ensure training is on-going through a periodic renewal process. Include:
 - primary health care providers;
 - emergency response personnel;
 - licensed mental health and substance abuse professionals and staff;
 - child protective services/foster care, social workers;
 - law enforcement, juvenile justice, and correctional personnel, including probation and parole officers;
 - K-12 administrators, credentialed faculty in elementary middle schools and high schools
- 3.2.5 Promote training requirements for college and university faculty, staff, resident advisors, and counselors for students with disabilities.

Recommended Action 3.3: Educate family members, caregivers and friends of those who have attempted suicide, individuals who have attempted suicide and natural community helpers, including youth, to recognize, appropriately respond to, and refer people demonstrating acute risk factors.

- 3.3.1 Emphasize the social support roles that natural community helpers, family members and friends can provide that is key to survival.
- 3.3.2 Cultivate family and consumer teaching teams and panels to provide education and convey their experience-based perspective on suicide and suicide prevention.
- 3.3.3 Extend peer- and community-based education to businesses and natural community helpers in communities who have experienced suicide and suicide attempts.

3.3.4 Develop a self-assessment tool, including on-line formats, for the general community and those at risk. Teach skills and provide tools that help people care for themselves, survive and thrive.

Recommended Action 3.4: Develop and distribute directories or roadmaps to local suicide prevention and intervention services that include information about how and where to access services and techniques on how to deal with roadblocks.

- 3.4.1 Tailor materials to key gatekeepers such as schools, parent education/information centers, faith/spiritual based groups, drug and alcohol treatment centers, public and private health practitioners and to individuals who have attempted suicide, family members, and caregivers of those who have attempted or completed suicide.
- 3.4.2 Address confidentiality issues and how individuals concerned about confidentiality can connect with advocacy representatives.
- 3.4.3 Include strategies for overcoming communication barriers.

Strategic Direction 4: Implement and coordinate a system of effective suicide prevention, risk assessment, treatment and aftercare programs to prevent suicide.

Recommended Action 4.1: Integrate suicide prevention and early intervention programs into the K-12 and higher education systems and campuses to promote resilience, increase identification of suicide risk, facilitate timely linkage to appropriate services, including community-based services, and support re-entry.

- 4.1.1 Build resilience, teach coping and problem solving skills to students to resolve conflict and handle disputes in a nonviolent way.
- 4.1.2 Focus on promising youth development and youth outreach approaches for all youth including transition age youth beyond age 18, foster children/youth, elementary school age children, and school age children who have dropped out of school or are in independent study.
- 4.1.3 Integrate a sequential curriculum on suicide prevention, resilience strategies, mental health and mental illness education. Include: rites of passage, adolescent distress, academic achievement pressure, substance abuse issues, depression and emotions, crisis intervention, stigma and discrimination, social inclusion and compassion; and teach sensitive ways for parents/caregivers and children/youth to talk about mental health issues (i.e., mental health literacy). Implement the *Health Framework for California Public Schools, Kindergarten Through Grade Twelve* and Health Education Standards.
- 4.1.4 Increase students' access to trained school counselors, social workers and nurses for prevention, early intervention, and crisis assessment and management.
- 4.1.5 Address continuity of care between campuses and treatment providers through effective protocols for information sharing, care management, and follow up outpatient treatment or evaluation after re-entry following a suicide attempt.
- 4.1.6 Include youth leadership and peer support to educate and support young people, identify risk signs and respond appropriately.
- 4.1.7 Link to existing school programs such as school-based health centers, bullying prevention and violence prevention programs.
- 4.1.8 Increase awareness of campus services including on-line self help and peer support programs.
- 4.1.9 Integrate mental health and suicide risk "check-in" systems into special education Individual Education Plans (IEP's).
- 4.1.10 Ensure that each campus has a safety plan that includes suicide prevention and aftermath interventions, including access to trained faculty members who serve as point persons.

Recommended Action 4.2: Deliver integrated suicide prevention, early identification and intervention programs and follow up care services through health, mental health and emergency response systems, help lines, crisis centers, and alcohol and drug treatment programs.

- 4.2.1 Utilize key *points of contact* professionals such as primary care providers and staff, and mental health professionals to reach out to those at risk for suicide.
- 4.2.2 Provide outreach and appropriate services for those who are homebound, without transportation or geographically isolated, including older adults.
- 4.2.3 Provide outreach and services to individuals traumatized by suicide or suicidal behaviors.
- 4.2.4 Expand and develop community-based ethnically and culturally focused peer support services linked to the health care and emergency response systems, including survivor support groups.
- 4.2.5 Implement routine screening for acute or chronic risk factors as standard protocol in primary care, especially for older adults and youth, to identify a patient that may be at increased risk for suicide and need follow up care.
- 4.2.6 Provide integrated care for patients with co-existing mental health and substance abuse problems.
- 4.2.7 Co-locate mental health programs and build on services in natural community settings.
- 4.2.8 Implement client/survivor-run respite centers, including those that are specific to youth, to accommodate people who are experiencing emotional distress so they can receive help earlier and circumvent the need for hospitalization.

Recommended Action 4.3: Integrate suicide prevention and early intervention programs into community-based programs for older adults, such as senior centers, Area Agencies on Aging, Social Services programs or other organizations that provide services to older adults to promote resilience, early identification and linkage to appropriate care services.

- 4.3.1 Develop programs that address the mental health and crisis intervention needs of those living in rural areas, homebound or otherwise isolated.
- 4.3.2 Facilitate coordination among all agencies and organizations that serve seniors.
- 4.3.3 Establish subsidized insurance reimbursement for home care and assisted living.
- 4.3.4 Develop resources for peer educators and promote social support programs, such as kinship programs that bring older adults and children/youth together, that highlight and harness the contributions of seniors in their communities and society to improve sense of worth and hopefulness.
- 4.3.5 Educate policy makers, clinicians, and caregivers about the increased risk of suicide for those over 60.
- 4.3.7 Develop programs and services that address the distinct needs of older adults as they age across several decades and approach end of life.

Recommended Action 4.4: Incorporate and sustain suicide prevention activities in employee assistance programs and the workplace, including military, to build resilience, facilitate early identification and link employees to appropriate treatment or follow up care services.

- 4.4.1 Develop resources for employers to assist employees exhibiting warning signs or suicidal behaviors, or who are coping with family members or friends of individuals presenting with suicidal behaviors or those who are suicide survivors.
- 4.4.2 Maintain a current list of local suicide prevention, intervention, treatment, or support services and make this available to all employees.
- 4.4.3 Target veterans and reservists as high risk groups. Improve access for people who are not residing in close proximity of Veterans Affairs health centers.
- 4.4.4 Increase mental health literacy in workplaces (e.g., include education on wellness, suicide prevention and all aspects of mental health).

Recommended Action 4.5: Implement suicide prevention programs, improve capacity for early identification of suicide warning signs and expand use of effective interventions for suicidal behaviors within law enforcement, juvenile justice and correctional systems, including jails and prisons.

- 4.5.1 Assess and address mental health needs of individuals at entry, during change of security levels, and at release.
- 4.5.2 Provide integrated care for clients with co-existing mental illness and substance abuse disorders.
- 4.5.3 Deliver discharge transition support for recovery and rehabilitation.
- 4.5.4 Develop peer education and support programs.

Recommended Action 4.6: Sponsor innovative programs and sustain effective approaches that fill service gaps for historically underserved racial/ethnic groups and target populations such as LGBTQ at highest risk for suicide or suicide attempts.

- 4.6.1 Focus on programs that address priority service gaps identified through needs/resources assessments conducted by local interagency suicide prevention planning forums.
- 4.6.2 Include and coordinate with natural community-based service settings and supports systems, such as Native American Health Centers, that are already effectively serving the target populations.
- 4.6.3 Include program components that involve family, caregiver and peer support.

Strategic Direction 5: Improve data collection, research and information-sharing with the public to advance suicide prevention efforts and measure progress.

Recommended Action 5.1: Make suicide and suicide attempt surveillance data easily accessible to the public at large and regularly provide the data to public and private policy makers at all levels to improve understanding of suicide and enhance prevention efforts.

- 5.1.1 Expand the California Violent Death Reporting System to gather detailed suicide data throughout California to increase knowledge of diverse individuals' and populations' risk factors and predictive behaviors for suicide.
- 5.1.2 Work with coroners and medical examiners to determine their training needs on how to improve investigations and reports to increase understanding of suicide and enhance prevention efforts.
- 5.1.3 Use hospital emergency department and crisis center admission data as the prime sources for linking to data from other sources, such as clients of mental health, alcohol and drug programs, corrections and school districts. Begin by focusing on hospital discharge data required for all admissions for self-harm or suicidality.
- 5.1.4 Increase local capacity for data collection, surveillance reporting and dissemination to inform program development and training.
- 5.1.5 Collaborate with the national research community to identify research priorities and conduct research to close the gap between risk factors and predictive behaviors for suicide.

Recommended Action 5.2: Encourage counties to establish suicide review teams with both a case review team, made up of select representatives that have legal access to confidential information, and a policy action team to translate aggregated and de-identified data from the case review team into policies and programs.

- 5.2.1 Include on the case review teams representatives from the office of the coroner or medical examiner, police, mental health and public health agencies, schools and universities, an expert in suicidology, and other appropriate agencies legally charged to protect confidentiality. Use child death review teams as a model.
- 5.2.2 Include on the policy action teams government and non-government groups concerned with suicide and mental health, advocates, and clients of the mental health systems.
- 5.2.3 Report findings and data to the communities and help disseminate de-identified stories to put a "human face" on suicide statistics.

Recommended Action 5.3: Conduct a program of epidemiological research on suicide and suicide prevention, specific to California, to support better policies and programs.

- 5.3.1 Increase knowledge about Californians who have attempted suicide including

- traumatic experiences (such as adverse childhood events), lived experiences in using mental health services, and specific risks based on race/ ethnicity biculturalism, immigration, gender, age, disability, sexual orientation, homelessness, rural location, military services, and other factors to identify high-risk individuals and different causes and types of suicide in California.
- 5.3.2 Encourage the use of community-based participatory research and action research methods including longitudinal studies and qualitative methods such as focus groups, ethnography, and oral histories.
 - 5.3.3 Develop methods to investigate various stages of suicidal behaviors (e.g., ideation, planning, attempt, and aftermath) to expand knowledge for improved services.
 - 5.3.4 Collaborate with school districts to promote use of suicidality survey items in the California Healthy Kids Survey in middle and high schools. Promote the use of suicidality items in adult surveys, such as the California Behavioral Risk Factor Surveillance Survey. Analyze and disseminate information on suicidality in both school-age youth and adults.

Recommended Action 5.4: Identify or develop and disseminate scientific strategies for evaluating suicide prevention interventions.

- 5.4.1 Outline outcome measures for similar suicide prevention activities to improve consistency and include outcomes of importance to program participants (e.g., measures for prevention programs serving youth or older adults).
- 5.4.2 Provide assistance to programs for evaluating results.
- 5.4.3 Use the Suicide Prevention Resource Center's Best Practices Registry and the Substance Abuse and Mental Health Services Administration (SAMHSA) repository of evidence-based practices and its research criteria (i.e., proven, promising, emerging) as reliable sources of information.
- 5.4.4 Research efficacy of intervention programs in California to learn more about how social norms change and stigma is reduced and the effect on rates/prevalence of certain suicidal behavior.
- 5.4.5 Improve knowledge of effective culturally and linguistically appropriate approaches and intervention strategies.

Part 3: Start Now and Keep Building

Summary

First steps: Begin laying a foundation now

- a. Expand on current exemplary activities (provide some examples of these and include multi-cultural approaches)
- b. Describe coordination and collaboration activities and methods that could make a big difference.

Moving Forward: Next steps

Disseminate the Plan

Periodic Assessment of Progress and Plan Update Process

Appendix A: Key California Data and Statistics Report

Appendix B: Suicide Prevention Glossary

Appendix C: Development Process for this Plan including highlights of suicide prevention efforts

Appendix D: References

Appendix: D: References

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